



## AGREEMENT TO PAY FEES

Liberty Lake Planning & Community Development  
22710 E. Country Vista Blvd., Liberty Lake WA 99019  
Phone: (509) 755-6707 Fax: (509) 755 6713  
Website: [www.libertylakewa.gov](http://www.libertylakewa.gov)

This agreement between The City of Liberty Lake and \_\_\_\_\_,  
(name of person)

whose interest in the project is \_\_\_\_\_  
(i.e. owner, agent, etc.)

is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This agreement is applicable to the project

known as: \_\_\_\_\_  
(project address or file name & file number)

That the individuals and parties named herein as having an interest in the above described property or project agrees to the following:

1. Reimburse the City of Liberty Lake for project review and inspection fees. The fees will be based on actual costs incurred by the City of Liberty Lake for project reviews and / or inspections plus a ten percent administration charge, and will be billed monthly as accrued. Any billing amounts due, including any expenses incurred in the collection of an overdue account, must be paid prior to the City's acceptance of the project for filing.
2. The undersigned agrees that these fees are due and payable upon receipt of the billing as specified above and that receipt of fees shall not constitute an approval be the City .
3. Any invoices not paid within 30 days of the invoice date will be considered delinquent. If any outstanding balance on the account for this project is not paid within 30 days of the invoice date, no further reviews of the project documents will be conducted until the entire account balance is paid. Any balance on the account for this project not paid within 65 days of the invoice date may result in legal action or the initiation of other collection procedures, including referral to a collection agency. The Sponsor will be liable for any and all expenses incurred by the City for the collection of overdue accounts.
4. The monthly billing should be sent to the attention of:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

I understand that failure to pay these fees may result in delay in completion of the project or other possible sanctions.

- ☐ If this fee agreement is completed by someone other than the Sponsor (i.e. the project owner or a principal in the firm sponsoring the project), such as the Engineer designing the project, then written authorization from the Sponsor specifically authorizing the Agent to execute this Fee Agreement is attached to this Fee Agreement.

SIGNATURE BY: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_